



Electronic Data Distribution User Guide

January 2022 Edition

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1 Introduction

The *Electronic Data Distribution User Guide* provides an overview of Care Partners of Connecticut's (CPCT) Electronic Data Distribution (EDD) service, including business and technical requirements, policies governing technical support, system access and password authentication, contact information, and instructions on downloading files.

This manual is intended for use as a guide for Provider Organizations that access data files electronically for performance and quality analysis purposes.

Service Overview

CPCT supplies EDD to contracted provider units or medical groups via the CPCT *Secure Data Exchange Gateway*. The CPCT EDD allows external users to electronically access medical claims, pharmacy claims, eligibility, and member month information for the CPCT products.

The purpose of EDD is to provide Provider Organizations with the ability to perform their own detailed analysis (cost, utilization, eligibility) to help provider units/medical groups improve performance and quality of care to members.

Technical Expectations

Users of the EDD service are expected to possess the appropriate hardware and computer skills for working with electronic information. CPCT provides limited technical support for external users.

Customer and Business Support

If you have any questions regarding routine account management or maintenance, contact Network Contracting and Performance Management (NCPM) at:

888-880-8699 ext. 52169 (Monday – Friday 8:00 a.m. to 5:00 p.m. EST)

What to Expect from CarePartners of Connecticut for Business Support

CPCT can address the following issues:

- Questions regarding data content
- Adding or changing users on an account
- Confidentiality paperwork
- Requests for additional copies of this manual

Technical Support

If you have any problems downloading files or logging into the EDD service, contact EDD Operations at:

888-880-8699 Ext. 54649 (Monday – Friday 8:00 a.m. to 5:00 p.m. EST)

EDI_CT_Operations@carepartnersct.com

NOTE: Users experiencing technical difficulty must notify CPCT of technical issues while the file is available on the EDD service. After the file is removed, CPCT will not have the ability to work with the user on the problem.

What to Expect from CarePartners of Connecticut for Technical Support

CPCT can address the following technical problems:

- Validation that files are available
- Validation that the EDD is working correctly
- Validation that there are no EDD connectivity issues at CPCT

Technical support does not include the following:

- Instruction on how to import data into a database application
- Troubleshooting Provider Organization connectivity issues such as Internet access/Internet service provider issues
- Diagnostic services for user software/hardware issues
- Instruction on how to use a database application
- Referrals/Recommendations for software/hardware support services, or database training courses

In addition, if a user calls in for technical support, the user should provide the following information so EDD Operations can address the problem:

- Login ID (ID that is used to access EDD)
- Provider Unit ID Number/Medical Group ID Number
- Complete description of the problem (i.e., if there is an error message – what is the exact message?)

Access and Security Requirements

All data accessible through the EDD system is considered protected health information (PHI) as defined by the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The information is also ePHI as defined by the HIPAA Security Regulations. As such, federal law protects the privacy and security of this information.

To comply with the Privacy and Security Regulations outlined by HIPAA, CPCT has established policies related to the electronic distribution of PHI for the EDD system. The following section outlines the privacy and security protections that have been put in place to protect the EDD system.

Gaining Access to the EDD

Only provider organizations with active contractual arrangements have access to the EDD system.

Designated users are representatives in provider organizations responsible for accessing the EDD system. Designated users within provider organizations are required to have accounts established by CPCT to be able to view and download information from the EDD system. They will not be able to view or download any other provider organization files.

Getting Started

The first step in gaining access to the EDD system is to contact Network Contracting and Performance Management at 888-880-8699, ext. 52169. Your contract specialist will send you an Electronic Data Distribution Agreement (EDDA).

Electronic Data Distribution Agreement

This agreement contains the authorization and request that CPCT provide electronic access to confidential information related to health care services that Provider Organizations provide to CPCT members.

The purpose of this access is to enable the Provider Organization to analyze its performance regarding the health services agreement with CPCT. The EDDA must be signed by an officer of the contracting organization and specify designated users who are authorized to access data on the EDD system. An officer is an individual empowered by your provider organization to bind the organization to this legal agreement.

Only designated users are given access to the EDD system. If a non-designated user contacts any CPCT employee requesting information in the EDD system, the request is denied. To become a designated user, each user designated by the provider organization must complete the Designated User Form and Terms of Use Agreement.

Designated User Form

After receiving the EDDA, CPCT forwards designated users a [Designated User Form](#). One *Designated User Form* must be completed for each user designated by the provider organization. This form must be signed by an officer of the contracting organization.

Terms of Use Agreement

After receiving the EDDA, CPCT forwards designated users a [Terms of Use Agreement](#). One *Terms of Use Agreement* must be completed for each user designated by the provider organization.

The designated user must read and sign the *Terms of Use Agreement* and return it to CPCT per the instructions on the form.

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After receiving the signed *Designated User Form* and the *Terms of Use Agreement*, CPCT will establish the designated user's account and send the designated user their login information via email.

Future communications between CPCT and designated users are conducted through email, and include confirmation of data postings, changes to data files, and changes to production schedules.

Password Management Overview

Passwords and login IDs are intended to protect the Protected Health Information (PHI) of CPCT members. Designated users are responsible for keeping passwords and login IDs confidential and may not disclose them to others. Designated users are solely responsible for all activity or transactions that are tracked to their passwords and login IDs.

The [Changing Passwords](#) section contains additional important information regarding password management.

Changing Passwords

To change your password, contact EDD Operations:

888-880-8699 Ext. 54649 (Monday – Friday 8:00 a.m. to 5:00 p.m. EST)

EDI_CT_Operations@carepartnersct.com

When first logging in to the EDD system, or if CPCT reset a password, designated users are required to change their generic password to a confidential password of their choosing.

When entering usernames and passwords, do not use copy and paste, as they cause an error by inserting an extra space. Enter both your username and password.

System-to-System Password Management

Sys to Sys (scripted) logins have passwords that expire after one year.

To reset your sys to sys password, complete the following steps:

1. Contact EDD Operations at 888-880-8699, x54649 to request a temporary password.
2. Log in to the URL and change your password with the temporary password obtained from EDD Operations.
3. Use the new password created on the Web page to change your password at the *Sys to Sys Login* page.

Password Parameters

New user passwords must adhere to the following requirements. Passwords must:

- Be at least eight characters (special characters are acceptable (e.g., spaces, symbols))
- Be alphanumeric (containing both numbers and letters e.g., 2bornot2b)
- Contain no more than three consecutive characters repeated from anywhere within the previous password (e.g., if your old password was redsox9, your new password cannot be redsox10)
- Contain no more than two identical consecutive characters
- Not contain the current month and year, in either numeric or character representation
- Not be reused until after at least 12 repetitions
- Passwords are case-sensitive.

Password Expirations

Provider Organizations that *manually log in to EDD* (i.e., do not use an automated login system) are required to change passwords every **90** days. Password must be changed in a new and unique way (i.e., no discernible patterns, such as replacing an old password, password 001, with password 002).

Provider Organizations that *use automated systems to login to EDD* are required to change passwords every **360** days. The password must be changed in a new and unique way (i.e., no discernible patterns, such as replacing an old password, password 001, with password 002).

All Provider Organizations must change passwords before they expire.

Password Lockout

Users are locked out of their account after three incorrect password entries. If a lockout occurs, the designated user must contact CPCT to reset the password.

Adding, Changing, or Removing Designated Users

To ensure that CPCT discloses PHI in a secure manner, systems and processes are in place to authenticate users and verify their access to information.

When adding, changing, or removing designated users, the Provider Organization is required to notify CPCT of this change using the [Designated User Form](#). A *Designated User Form* must be completed for each designated user within the Provider Organization who needs access to the EDD system and must include contact information for each designated user.

After receiving the *Designated User Form*, CPCT forwards the designated user a [Terms of Use Agreement](#)). The designated user must read and sign the *Terms of User Agreement* and then return it to CPCT.

After receiving the signed *Agreement*, CPCT will establish the designated user's account and send the designated user an email with his or her login ID. EDD Operations provides the generic password during a conference call.

Provider Organizations **must** notify CPCT if a user no longer needs access.

2 Downloading Files

The following procedure explains how to download files from the CPCT EDD system.

Before You Begin

Read the following sections before attempting to download files.

Downloading Files Consistently

It is very important to download your files consistently. These files are available for approximately three weeks (depending on the files). The settlement files are usually available for two months.

Communication Software

To access the EDD system, you must have software installed on your computer that allows you to communicate with the system. Connectivity via a Web browser requires Microsoft® Internet Explorer (IE) version 6.0 or higher.

Connectivity via a secure file transfer protocol (FTP) protocol requires using a software client that supports the selected protocol as implemented by CPCT. CPCT does not endorse any specific product. Many open source and commercial products are available to enable connectivity with CPCT.

File Exchange Options

CPCT provides several protocol options for file exchange connectivity. Some are suitable for Web user interfaces (WUI), and others are suitable for manual and/or automated (machine-to-machine) transfer. These protocols are described below.

File Exchange Option	Details
Web Browser Client (HTTPS) ¹	<ul style="list-style-type: none"> • File exchange connectivity via a WUI, which provides high-security file exchange. • Suitable for users who manually initiate file submission and retrieval. • Only user tool necessary is Microsoft IE¹. • Not appropriate for automation or machine-to-machine transfer.
SSH (SSH FTP/Secure File Transfer Protocol (SFTP)) ²	<ul style="list-style-type: none"> • Uses a Secure Shell (SSH)³ connection to establish a secure channel between local and remote computers. • Provides file transfer, as well as directory listings, and eliminates certain dependencies of Secure Copy Protocol (SCP). • Supported over SSH-2⁴. • Requires appropriate client software and could require installation of keys or certificates.

File Exchange Option	Details
Secure Copy (SCP) ¹	<ul style="list-style-type: none"> • Uses an SSH² connection to establish a secure channel between local and remote computers. • Only provides for file transfers. • Supported over SSH-2³. • Requires appropriate client software and could require installation of keys or certificates.
FTP over Secure Sockets Layer (FTP SSL/FTPS) ¹	<ul style="list-style-type: none"> • Fully compliant with IETF standard RFC 2228 for secure FTP (provides encryption for usernames and passwords and all data files being transferred). • CPCT supports Passive Mode connections (our server listens for the incoming data connection) using the following ports: 20, 21, 49900, and 49901. • Requires appropriate client software and could require installation of keys or certificates.
Transport Layer Security (TLS) ¹	<ul style="list-style-type: none"> • Fully compliant with IETF standard RFC 2228 for secure FTP (provides encryption for usernames and passwords and all data files being transferred). • Requires appropriate client software and could require installation of keys or certificates.
AS2 (S/MIME) ¹	<ul style="list-style-type: none"> • Provides secure and reliable data exchange with any AS2-certified solution. • CPCT's AS2 engine is certified as being interoperable with the reference AS2 products in the Drummond Group's eBusinessReady™ program. This certification enables migration from expensive, private, proprietary Electronic Data Interchange (EDI) Value Added Network (VAN) infrastructures and async/bisync dial-up connections to an inexpensive internet-based enhanced file transfer solution with comprehensive security, management, and reporting. • Requires appropriate client software and could require installation of keys or certificates.
<ol style="list-style-type: none"> 1. Recommended IE version 6.0 or higher with JavaScript and Cookies enabled. 2. When using a scripted or client-based solution that leverages this protocol, the FTP LIST command on CPCT's server is disabled and the LS command should be used to display directory contents instead. 3. SSH uses public-key cryptography to authenticate the remote computer and provide encryption; and allows use of either SFTP or SCP protocols to transfer files. For enhanced security, CPCT's solution does not execute non-file transfer SSH protocols such as rlogin, port forwarding, etc. 4. The SSH functionality of the connection is limited to only SFTP and SCP. 	

Decompressing the Downloaded File

CPCT compresses EDD files either into a ZIP file or Self-Extracting Zip File to decrease the file size. To unzip a ZIP file, you must have a ZIP (compression) tool on your computer. These compression software tools are widely available both via the Internet and retail stores.

Self-extracting zip files are an executable program file (.exe file) that includes both the zip file(s) and the necessary software to unzip the contents for that particular zip file. Users can run

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(execute) a self-extracting zip file just as they run any other program. Double-click the file to launch the program.

Importing Data

After downloading and decompressing data files, users must import the files into database applications before they can access and analyze the data.

Download Procedure

Refer to the *Secure Data Exchange Gateway Online Help* for information on how to download files.

Changing Your Password

To change your password, refer to [Changing Passwords](#).

3 EDD Production Schedule

Electronic Data Download System Availability

Day of Week	Availability
Monday	12:00 pm – 11:59 pm
Tuesday	12:00 am – 11:59 pm
Wednesday	12:00 am – 6:00 am 9:00 am – 5:00 pm
Thursday	12:00 am – 11:59 pm
Friday	12:00 am – 6:00 am 9:00 am – 5:00 pm

To provide the best service for all of users, we recommend that you download the files no later than one week before the files are due to be updated. This way, if a problem occurs when downloading a file, or if a file contains an error, we will have more time to work with the existing files before they are updated. After the files are refreshed, we cannot work with them.

Unexpected events may require that CPCT change the dates below. We will make all reasonable efforts to contact you via email to inform you of any changes.

Users are expected to provide CPCT with current email address information.

EDD Production Schedule

- **Medical Claims** – The monthly data is not lagged, and includes Paid, Denied, and In-Process claims. This data is cumulative and year-to-date. Files posted in February through June include a runout period for claims in the prior calendar year.
- **Eligibility/Member Month** – The data set includes a snapshot of eligibility/MM information as of the capitation check run of the month.
- **Pharmacy Claims** – This includes both claims and adjustments. This data is cumulative and year-to-date based on paid dates.

2022 EDD Production Schedule CarePartners of Connecticut (CPCT)			
File Becomes Available	Report	Data Period Begins	Date Period Ends
Jan-22			
01/07/22	Medical Claims	01/01/21	12/31/21
01/10/22	Pharmacy Claims	01/01/21	12/31/21
01/07/22	Eligibility	01/01/22	01/01/22
01/10/22	Pharmacy Claims	01/01/21	12/31/21
01/07/22	Eligibility	01/01/22	01/01/22
Feb-22			
02/04/22	Medical Claims	01/01/21	01/28/22
02/14/22	Pharmacy Claims	01/01/22	01/28/22
02/11/22	Eligibility	02/01/22	02/01/22
02/11/22	Member Month	01/01/22	02/01/22
Mar-22			
03/04/22	Medical Claims	01/01/21	02/25/22
03/14/22	Pharmacy Claims	01/01/22	02/25/22
03/11/22	Eligibility	03/01/22	03/01/22
03/11/22	Member Month	01/01/22	03/01/22
Apr-22			
04/01/22	Medical Claims	01/01/21	03/25/22
04/11/22	Pharmacy Claims	01/01/22	03/25/22
04/08/22	Eligibility	04/01/22	04/01/22
04/08/22	Member Month	01/01/22	04/01/22
May-22			
05/06/22	Medical Claims	01/01/21	04/29/22
05/09/22	Pharmacy Claims	01/01/22	04/22/22
05/13/22	Eligibility	05/01/22	05/01/22
05/13/22	Member Month	01/01/22	05/01/22
Jun-22			
06/03/22	Medical Claims	01/01/21	05/27/22
06/13/22	Pharmacy Claims	01/01/22	06/03/22
06/10/22	Eligibility	06/01/22	06/01/22
06/10/22	Member Month	01/01/22	06/01/22

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2022 EDD Production Schedule CarePartners of Connecticut (CPCT)			
File Becomes Available	Report	Data Period Begins	Date Period Ends
Jul-22			
07/01/22	Medical Claims	01/01/22	06/24/22
07/11/22	Pharmacy Claims	01/01/22	07/01/22
07/08/22	Eligibility	07/01/22	07/01/22
07/08/22	Member Month	01/01/22	07/01/22
Aug-22			
08/05/22	Medical Claims	01/01/22	07/29/22
08/08/22	Pharmacy Claims	01/01/22	07/29/22
08/12/22	Eligibility	08/01/22	08/01/22
08/12/22	Member Month	01/01/22	08/01/22
Sep-22			
09/02/22	Medical Claims	01/01/22	08/26/22
09/12/22	Pharmacy Claims	01/01/22	08/26/22
09/09/22	Eligibility	09/01/22	09/01/22
09/09/22	Member Month	01/01/22	09/01/22
Oct-22			
10/07/22	Medical Claims	01/01/22	09/30/20
10/10/22	Pharmacy Claims	01/01/22	09/23/22
10/07/22	Eligibility	10/01/22	10/01/22
10/07/22	Member Month	01/01/22	10/01/22
Nov-22			
11/04/22	Medical Claims	01/01/22	10/28/22
11/14/22	Pharmacy Claims	01/01/22	11/04/22
11/11/22	Eligibility	11/01/22	11/01/22
11/11/22	Member Month	01/01/22	11/01/22
Dec-22			
12/02/22	Medical Claims	01/01/22	11/25/22
12/12/22	Pharmacy Claims	01/01/22	12/02/22
12/09/22	Eligibility	12/01/22	12/01/22
12/09/22	Member Month	01/01/22	12/01/22
Jan-23			
01/06/23	Medical Claims	01/01/22	12/30/22
01/09/23	Pharmacy Claims	01/01/22	12/30/22
01/06/23	Eligibility	01/01/23	01/01/23
01/06/23	Member Month	01/01/23	01/01/23

4 CarePartners of Connecticut Files

The following chapter provides reference information for CPCT files. These files include claims and related data for CPCT HMO and Senior Care Options (SCO) products.

NOTE: A “trailer” record appears in the last field of each file. The trailer contains a count of the records in that file (excluding the trailer itself), which may be used as a quality assurance measure for the content and signifies the end of the file. For example, a trailer record beginning THP 00000000250 has 250 rows in it.

CarePartners of Connecticut Claims – SP_Medical_###.DAT

The monthly data is not lagged. It includes Paid, Denied, and In-Process Claims, and is cumulative and year-to-date.

CPCT Claims – SP_Medical_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	SUBSCRIBER_NUMBER	X9	1	9	This field is a unique identifier for each plan subscriber.	S00345678 Similar to member ID on the commercial eligibility file. (This code is specific to CPCT.)	See the <i>Subscriber File</i> for a description of the subscriber's name.
2	PERSON_NUMBER	X2	10	11	This field identifies that the member is the subscriber.	01	The CPCT Person_Number is always 01.
3	MEDICAL_GROUP	X3	12	14	This field represents the CPCT identification number of the member's medical group.	026	
4	PCP_ID	X6	15	20	This field displays the primary care provider's (PCP) identification number.	800000 (This code is specific to CPCT.)	See the <i>Provider File</i> for a description of the PCP's name.
5	PROVIDER_ID	X6	21	26	This field represents the provider's identification number.	999999 (This code is specific to CPCT.)	See the <i>Provider File</i> for a description of the PCP's name.
6	VENDOR_ID	X10	27	36	This field represents the payee identification number.	999999 (This code is specific to CPCT.)	See the <i>Vendor File</i> for a description of the vendor's name.

CPCT Claims – SP_Medical_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
7	ADMIT_REF_ID	X6	37	42	This field represents the referring provider's identification number.	999999 (This code is specific to CPCT.)	See the <i>Provider File</i> for a description of the provider's name.
8	PLACE_OF_SERVICE	X5	43	47	This field represents the claim's place of service.	11 (These are different from commercial POS codes.)	See the Place of Service Code for a list of codes and descriptions.
9	DIAGNOSIS_CODE_1	X8	48	55	This field represents the primary ICD Code specified on the claim.	H35.103	
10	CLAIM_DATE	X8	56	63	This field represents the date of admission.	20200110	(format = YYYYMMDD) = January 10, 2015
11	CLAIM_NUMBER	X12	64	75	<ul style="list-style-type: none"> This field represents the claim number associated with the claim. Position 1 is a leading "0". Positions 2-5 represents the year; e.g., 2015. Positions 6-8 represent a sequential counter for the day of the year (365 Julian). Positions 8-12 are randomly assigned characters. 	0202016179BUXJ	
12	CLAIM_LINE_NUMBER	X3	76	78	Line number associated with detail claim line.	001	
13	SUB_LINE_NUMBER	X1	79	79	The Claim Sub Line code identifies reversal or adjustment of claim line.	R or A	

CPCT Claims – SP_Medical_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
14	CLAIM_STATUS	X1	80	80	This field represents the status of a claim.	P	<ul style="list-style-type: none"> • P=Payable • C=Capitated • A=Adjustment • I=Informational • D=Denied • N=Adjustment No Check
15	MEDICAL_DEF_CODE	X4	81	84	<ul style="list-style-type: none"> • This is a service classification applied to each claim detail line. • It is used for claims adjudication and reporting. 	6040	This code is specific to CPCT.
16	SERVICE_DATE	X8	85	92	This field represents the date the services were incurred.	20200110	(format = YYYYMMDD) = January 10, 2020
17	QUANTITY	X6	93	98	This field represents the number of services performed.	1	
18	PROCEDURE_CODE	X8	99	106	<ul style="list-style-type: none"> • This field represents the procedure described on a claim line. • There are many types of procedure codes, such as CPT, HCPCS Level II. 	84100, R0070, 212	See the <i>Procedure File</i> or the description of the procedure. Proc codes are 5 digits long. Rev codes are 4 digits long.
19	MODIFIER	X2	107	108	This field represents the modifier used in pricing a claim.	15, 26, 00	

CPCT Claims – SP_Medical_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
20	NET_AMOUNT	X11	109	119	This field represents the amount paid for a fee for service claim or valued for a capitated claim.	56.34	
21	RISK_TYPE	X2	120	121	This field represents the type of risk.	HS	<ul style="list-style-type: none"> • HS=Hospital Risk • MS=Medical Risk
22	REFERRAL_NUMBER	X8	122	129	This field is a unique identifier of the referral or pre-registration number for the service on the claim.	7063189	
23	POST_DATE	X8	130	137	This field represents the date the claims check was posted.	20200113	(format = YYYYMMDD) = January 13, 2020
24	UNITS_SUBCAP	X6	138	143	This field represents the units of service provided under a subcapitated arrangement.	10	
25	UNITS_CAP	X6	144	149	<ul style="list-style-type: none"> • For HSF, this field represents the units of service provided by the home hospital. • For MSF, this field represents the units of service provided under the PCP capitation. 	1.0	
26	ACTUAL_COST_FFS	X11	150	160	This field represents the amount paid to a provider minus the retention and co-payment.	130.00	

CPCT Claims – SP_Medical_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
27	NET_AMOUNT_CAP	X11	161	171	<ul style="list-style-type: none"> For HSF, this field represents the value of services provided by the home hospital. For MSF, this field represents the value of services, minus the copayment, provided by the PCP under a capitated arrangement. 	130.00	
28	NET_AMOUNT_SUBCAP	X11	172	182	This field represents the value of services provided under a subcapitated arrangement.	130.00	
29	DRG_CODE	X3	183	185	This field represents the CMS Grouper Diagnostic Related Code (DRG) assigned to an inpatient claim.	121	
30	PCP_PROVIDER_FLAG	X1	186	186	This field is set to Y (yes) to indicate services performed by the member's PCP.	Y or N	
31	UNITS_FFS	X6	187	192	This field represents the units of service provided that were paid for Fee for Service (FFS).	1.0	
32	AMOUNT_BILLED	X11	193	203	This field represents the amount billed by the provider for the claim.	129.00	
33	DIAGNOSIS_CODE_2	X8	204	211	This field represents the ICDCode specified on the claim.	H35.103	

CPCT Claims – SP_Medical_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
34	DIAGNOSIS_CODE_3	X8	212	219	This field represents the ICD Code specified on the claim.	H35.103	
35	DIAGNOSIS_CODE_4	X8	220	227	This field represents the ICDCode specified on the claim.	H35.103	
36	DIAGNOSIS_CODE_5	X8	228	235	This field represents the ICDCode specified on the claim.	H35.103	
37	AMOUNT_ALLOWED	X11	236	246	<ul style="list-style-type: none"> • This amount represents the price for services established by the contract. • For out-of-plan providers, this amount will normally equal the amount billed. 	12.05	
38	AMOUNT_COPAY	X11	247	257	This field represents the portion of health care services cost for which the member is responsible. This field represents the amount-copay field.	12.05	
39	AMOUNT_WITHHELD	X11	258	268	Withhold amount applied based on the contract.	12.05	
40	ADMIT_DATE	X8	269	276	<ul style="list-style-type: none"> • The earliest Service Date on a claim form when several service dates are noted. • For an inpatient or skilled nursing facility (SNF), this is the date that the patient was admitted to the institution. 	20200121	(format = YYYYMMDD) = January 21, 2020

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
41	DISCHARGE_DATE	X8	277	284	The last date on a claim with multiple service dates (usually the date a patient was discharged from an inpatient hospital).	20200125	(format = YYYYMMDD) = January 25, 2020
42	PROV_MED_GROUP	X3	285	287	The medical group with which the provider of service on the claim is affiliated.	123	
43	Filler	X5	288	292	Space currently not in use.		
44	PAT_ACCT#	X20	293	312	<ul style="list-style-type: none"> • This field represents the account number assigned by the MD billing office or facility to the patient. • It is the patient identification number in the provider’s system. • This field is only populated if received on a claim. If the field is blank, this is due to the biller not supplying it to CPCT. 	203685100	
45	PROC-1	X8	313	320	These fields represent the Procedure Codes on the claim.	1002	<ul style="list-style-type: none"> • 0102 represents ICD Procedure Code 01.02 • Ventriculopuncture through previously implanted catheter. ICD-1 -5 listed with the same description

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
46	PROC-1_DESC	X60	321	380	This field is the description of the first Procedure code on the inpatient claim.	TOTAL KNEE REPLCMT	
47	PROC-2	X8	381	388	These fields represent the ICD Procedure Codes on the claim.	0102	<ul style="list-style-type: none"> • 0102 represents Procedure Code 01.02 • Ventriculopuncture through previously implanted catheter
48	PROC-3	X8	389	396	These fields represent the Procedure Codes on the claim.	102	<ul style="list-style-type: none"> • 102 represents Procedure Code 01.02 • Ventriculopuncture through previously implanted catheter
49	PROC-4	X8	397	404	These fields represent the Procedure Codes on the claim.	102	<ul style="list-style-type: none"> • 102 (represents Procedure Code 01.02 • Ventriculopuncture through previously implanted catheter).
50	PROC-5	X8	405	412	These fields represent the Procedure Codes on the claim.	102	<ul style="list-style-type: none"> • 102 represents Procedure Code 01.02. • Ventriculopuncture through previously implanted catheter.

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
51	Provider Par Flag	X1	413	413	This is a Yes/No field that indicates if the provider is contracted with CPCT.	Y or N	<ul style="list-style-type: none"> • Y=Provider has a contract with CPCT • N=Provider does not have a contract with CPCT
52	AMOUNT DEDUCTIBLE	X11	414	424	The amount on the indicated claim that is applied to the member's deductible.	12.05	
53	AMOUNT OTHER CARRIER	X11	425	435	<ul style="list-style-type: none"> • The amount of a charge that another party (other than CPCT or the patient) is responsible for paying. • Dollar values greater than zero in this field indicate any monies collected through coordination of benefits (i.e., subrogation) for the service on this claim line. 	12.05	

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
54	OTHER CARRIER REASON	X5	436	440	A code that provides information on claims involved in recovery and subrogation.	OCPAY	<ul style="list-style-type: none"> • OCPAY=Payment made by another carrier • R3DP4=Recovery from third party settlement • RAUTC=Recovery from Auto Carrier • RCOB=Recovery from coordination of benefits • RCW=Recovery from workers comp • SHSUB=Subrogation post payment recovery • SUBAD=Subro refund/adjustment (retraction)
55	DIAGNOSIS_CODE_6	X8	441	448	This field represents the ICD Code specified on the claim.	H35.103	
56	DIAGNOSIS_CODE_7	X8	449	456	This field represents the ICD Code specified on the claim.	H35.103	
57	DIAGNOSIS_CODE_8	X8	457	464	This field represents the ICD Code specified on the claim.	H35.103	
58	DIAGNOSIS_CODE_9	X8	465	472	This field represents the ICD Code specified on the claim.	H35.103	

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
59	PRESENT_ON_ADMISSION_1	X1	473	473	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the principal diagnosis field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
60	PRESENT_ON_ADMISSION_2	X1	474	474	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
61	PRESENT_ON_ADMISSION_3	X1	475	475	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
62	PRESENT_ON_ADMISSION_4	X1	476	476	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
63	PRESENT_ON_ADMISSION_5	X1	477	477	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which POA field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
64	PRESENT_ON_ADMISSION_6	X1	478	478	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
65	PRESENT_ON_ADMISSION_7	X1	479	479	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
66	PRESENT_ON_ADMISSION_8	X1	480	480	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
67	PRESENT_ON_ADMISSION_9	X1	481	481	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
68	MODIFIER_2	X2	482	483	The field represents the modifier 2 used in pricing a claim.	15, 26, 00	
69	MODIFIER_3	X2	484	485	The field represents the modifier 3 used in pricing a claim.	15, 26, 00	
70	DISPOSITION CODE	X2	486	487	The CMS discharge status code assigned to an inpatient claim. It indicates to where the patient was discharged.	Y	<ul style="list-style-type: none"> This code is required for inpatient, SNF, hospice, and outpatient hospital services. Translation of this code can be found in the CPCT Code Definitions section.

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
71	NOT COVERED AMOUNT	X11	488	498	The amount of charges not covered on a claim. This amount does not necessarily indicate the liability of the health plan or the member.	95.00	This field represents currency. Amt_allowed minus actual_cost = not covered amount.
72	FILLER	X1	499	499	Space currently not in use.		
73	DIAGNOSIS_CODE_10	X8	500	507	This field represents the ICD Code specified on the claim.	H35.103	
74	DIAGNOSIS_CODE_11	X8	508	515	This field represents the ICD Code specified on the claim.	H35.103	
75	DIAGNOSIS_CODE_12	X8	516	523	This field represents the ICD Code specified on the claim.	H35.103	
76	DIAGNOSIS_CODE_13	X8	524	531	This field represents the ICD Code specified on the claim.	H35.103	
77	DIAGNOSIS_CODE_14	X8	532	539	This field represents the ICD Code specified on the claim.	H35.103	
78	DIAGNOSIS_CODE_15	X8	540	547	This field represents the ICD Code specified on the claim.	H35.103	
79	DIAGNOSIS_CODE_16	X8	548	555	This field represents the ICD Code specified on the claim.	H35.103	
80	DIAGNOSIS_CODE_17	X8	556	563	This field represents the ICD Code specified on the claim.	H35.103	

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
81	DIAGNOSIS_CODE_18	X8	564	571	This field represents the ICD Code specified on the claim.	H35.103	
82	DIAGNOSIS_CODE_19	X8	572	579	This field represents the ICD Code specified on the claim.	H35.103	
83	DIAGNOSIS_CODE_20	X8	580	587	This field represents the ICD Code specified on the claim.	H35.103	
84	DIAGNOSIS_CODE_21	X8	588	595	This field represents the ICD Code specified on the claim.	H35.103	
85	DIAGNOSIS_CODE_22	X8	596	603	This field represents the ICD Code specified on the claim.	H35.103	
86	DIAGNOSIS_CODE_23	X8	604	611	This field represents the ICD Code specified on the claim.	H35.103	
87	DIAGNOSIS_CODE_24	X8	612	619	This field represents the ICD Code specified on the claim.	H35.103	
88	DIAGNOSIS_CODE_25	X8	620	627	This field represents the ICD Code specified on the claim.	H35.103	

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
89	PRESENT_ON_ADMISSION_10	X1	628	628	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
90	PRESENT_ON_ADMISSION_11	X1	629	629	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
91	PRESENT_ON_ADMISSION_12	X1	630	630	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and Present on Admission fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
92	PRESENT_ON_ADMISSION_13	X1	631	631	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and Present on Admission fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
93	PRESENT_ON_ADMISSION_14	X1	632	632	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
94	PRESENT_ON_ADMISSION_15	X1	633	633	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
95	PRESENT_ON_ADMISSION_16	X1	634	634	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
96	PRESENT_ON_ADMISSION_17	X1	635	635	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
97	PRESENT_ON_ADMISSION_18	X1	636	636	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
98	PRESENT_ON_ADMISSION_19	X1	637	637	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
99	PRESENT_ON_ADMISSION_20	X1	638	638	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
100	PRESENT_ON_ADMISSION_21	X1	639	639	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting

CPCT Claims – SP_Medical_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
101	PRESENT_ON_ADMISSION_22	X1	640	640	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
102	PRESENT_ON_ADMISSION_23	X1	641	641	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
103	PRESENT_ON_ADMISSION_24	X1	642	642	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
104	PRESENT_ON_ADMISSION_25	X1	643	643	<ul style="list-style-type: none"> This field is the Present on Admission indicator value that corresponds to the <i>Principal Diagnosis</i> field. The <i>Diagnosis</i> fields and <i>Present on Admission</i> fields are numbered (1-25). The ending number indicates which <i>Diagnosis</i> field corresponds with which <i>Present on Admission</i> field. For example: <i>Diagnosis_Code_1</i> corresponds with <i>Present_On_Admission_1</i>. 	Y	<ul style="list-style-type: none"> Y=Yes N=No U=Documentation insufficient to determine W=Clinically undetermined 1=Exempt from POA reporting
105	ICD_VERSION	X1	644	644	This field represents the version of ICD codes used on the claim.	0	<ul style="list-style-type: none"> 0=ICD-10 codes 9=ICD-9 codes

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
106	ADMIT_TYPE	X3	645	647	This code indicates the type and priority of an inpatient admission associated with the service on an intermediary submitted claim.	001	<ul style="list-style-type: none"> • 0=Blank • 1=Emergency • 2=Urgent • 3=Elective • 4=Newborn • 5=Trauma Center • 6-8=Reserved • 9=Unknown
107	BILL_TYPE	X3	648	650	<ul style="list-style-type: none"> • This code indicates the type of bill a provider is submitting to a payer, which includes the facility and the billed classification. <p>NOTE: The CMS Type of Bill includes a leading zero which is ignored and not included in this field.</p> <ul style="list-style-type: none"> • This alphanumeric code gives three specific pieces of information after a leading zero. The first digit identifies the type of facility. The second classifies the type of care. The third indicates the sequence of this bill in this particular episode of care, also referred to as a “frequency” code. 	123	See Bill Type Codes .
108	ADMITTING_DIAG	X8	651	658	The admitting diagnosis	R73.01	

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Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
109	CLAIM_MESSAGE_CODE	X15	659	673	Message Code attached to the claim.	ADMBR	
110	CLAIM_SUFFIX_CODE	X2	674	675	Suffix Code of the claim.	32	
111	SPLIT_CLAIM_LINE_BASE_NUMBER	X3	676	678	Number used to tie split lines in a claim back to the original claim line.	20	
112	PRICING_ALLOWED_CODE	X15	679	693	Pricing method used to calculate the allowed amount	SNF	
113	REVENUE_CODE	X8	694	701	The Revenue Code described on the claim line.	898RRRR	
114	AMOUNT_COINSURANCE	X11	702	712	The Coinsurance Amount associated with the claim.	12.05	

CPCT Modifier Support Table – SP_ModifierSup.DAT

This is a support table for the *Medical Claims Table* to describe information related to the Modifier fields; it is not associated with other tables.

CPCT Mod. Support – SP_ModifierSup.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	Modifier_Number	X2	1	2	This field represents the modifier number used in pricing a claim.	15, 26, 00	
2	Modifier_Description	X40	3	42	This field represents the modifier description used with the modifier number.	Unusual Anesthesia	

CPCT Subscriber Support Table – SP_SubscriberSup_###.DAT

This is a support table for the *Medical Claims Table* to describe information related to the Subscriber Number; it is not associated with other tables.

CPCT Subscriber – SP_SubscriberSup_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	SUBSCRIBER_NUMBER	X9	1	9	This field is a unique identifier for each plan subscriber.	S00345678	The CPCT Subscriber ID always begins with an S.
2	RELATIONSHIP_CODE	X2	10	11	This field identifies that the member is the subscriber.	01	The CPCT Person_Number is always 01.
3	LAST_NAME	X20	12	31	This field contains the member’s last name.	Smith	

CPCT Subscriber – SP_SubscriberSup_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
4	FIRST_NAME	X12	32	43	This field contains the member's first name.	John	
5	MIDDLE_INITIAL	X1	44	44	This field contains the member's middle initial.	A	
6	ZIP_CODE	X10	45	54	This field contains the full zip code for the member's address.	01859-0000	
7	DATE OF BIRTH	X8	55	62	This field represents the member's date of birth.	19210301	
8	GENDER	X1	63	63	This field represents the member's gender.	M	

CPCT Provider – SP_Provider_###.DAT

This is a support table for the *Medical Claims Table* to describe information related to the Provider ID fields; it is not associated with other tables.

CPCT Provider – SP_Provider_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	PROVIDER_ID	X6	1	6	This field represents the provider's identification number.	000001, 780001	This code is specific to CPCT
2	PROVIDER_NAME	X30	7	36	This field displays the name associated with the PROVIDER_ID.	Kasdon, S. Charles; Bioran; Charlotte Hungerford Hos	

CPCT Provider – SP_Provider_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
3	PROVIDER_TYPE	X4	37	40	Provider Type Code identifies the type of provider who performed the service on the claim.	39, 01, 33	
4	PROVIDER_TYPE_DESC	X60	41	100	This field is the description of the PROVIDER TYPE field.	Gastroenterology	
5	SPECIALTY_CODE_1	X4	101	104	This field represents the code that identifies the primary specialty.	0200, 3000	
6	SPECIALTY_DESC_1	X60	105	164	This field is the description of the Specialty Code.	Surgery, Radiology	
7	SPECIALTY_CODE_2	X4	165	168	This field represents the code that identifies the secondary specialty.	0200, 3000	
8	SPECIALTY_DESC_2	X60	169	228	This field is the description of the Specialty code.	Surgery, Radiology	
9	NPI_NUMBER	X10	229	238	The National Provider Identifier (NPI) is a single identification number that is assigned by the federal government to health care providers.	1234567890	

CPCT Vendor – SP_Vendor_###.DAT

This is a support table for the *Medical Claims Table* to describe information related to the Vendor ID; it is not associated with other tables.

CPCT Vendor – SP_Vendor_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	VENDOR_ID	X10	1	10	The field represents the payee identification number.	001793, 008720	
2	VENDOR_NAME	X15	11	25	This field is a description of the Payee ID.	Smith, John	
3	NPI_NUMBER	X10	26	35	The NPI is a single identification number that is assigned by the federal government to health care providers.	1234567890	
4	ADDRESS	X30	36	65	This field represents the vendor's street address.	15 Main Street	
5	City	X30	66	95	This field is the name of the city in which the vendor resides.	Burlington	
6	State	X2	96	97	This is a two-character field that identifies the state in which the vendor resides.	MA	
7	Zip	X9	98	106	This field contains the full zip code for the vendor's address.	018500000	

CPCT General Claims – SP_Diagnosis.DAT

This is a support table for the *Medical Claims Table* to describe information related to the Diagnosis Codes; it is not associated with other tables.

CPCT General Claims – SP_Diagnosis.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	DIAG_CODE	X8	1	8	This field represents the primary ICD diagnosis code on the claim.	H35.103	Length of field expanded to accommodate ICD coding.
2	DIAG_DESC	X24	9	68	This field represents the description of the diagnosis code.	Retinopathy of prematurity, unspecified, bilateral	
3	ICD_VERSION	X1	69	69	This field represents the version of ICD codes used on the claim.	0	<ul style="list-style-type: none"> • 0=ICD-10 codes • 9=ICD-9 codes

CPCT Procedure Code – PROC.DAT

This is a support table for the *Medical Claims Table* to describe information related to the Procedure Codes; it is not associated with other tables.

CPCT Procedure Code – PROC.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	PROCEDURE_CODE	X8	1	8	The Procedure Code identifies the procedure performed on the member.	12034	There are many types of procedure codes, such as CPT, HCPCS Level II.

CPCT Procedure Code – PROC.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
2	PROCEDURE_DESC	X28	9	36	This field is the description of the Procedure Code.	Layer Closure of Wounds	

CPCT Med Def – SP_MedDef.DAT

This is a support table for the *Medical Claims Table* to describe information related to the Med Def Code; it is not associated with other tables.

CPCT Med Def – SP_MedDef.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	MED_DEF_CODE	X4	1	4	This field represents the service classification applied to each claim detail line. It is used for claims adjudication and reporting.	1600, 2180	
2	MED_DEF_DESC	X30	5	34	This field is the description of the Medical Definition Code.	Emergency Room – Prof., Day/Night Treatment	

CPCT Message Code – SP_Message.DAT

This is a support table for the *Medical Claims Table* to describe information related to the Message Code; it is not associated with other tables.

CPCT Message Code – SP_Message.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	MESSAGE_CODE	X20	1	20	This field represents the Message Code attached to the claim line.	NY	
2	MESSAGE_CODE_DESC	X100	21	120	This field is the short description of the Message Code.	NYS SURCHARGE (NYHCRA)	

CPCT Eligibility – SP_Eligibility_###.DAT

The data set includes a snapshot of eligibility information as of the capitation check run of the month. This is a snapshot of how the information is presented on this day. This file is not cumulative or year-to-date.

CPCT Eligibility – SP_Eligibility_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	SUBSCRIBER_NUMBER	X9	1	9	<ul style="list-style-type: none"> This field is a unique identifier for each plan subscriber. Similar to member ID on the Commercial Eligibility File. 	S12345678	

CPCT Eligibility – SP_Eligibility_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
2	PERSON_NUMBER	X2	10	11	This field identifies the member’s position in the family.	01	The CPCT Person_Number is always 01.
3	CURRENT_PATIENT_INDICATOR	X1	12	12	This field identifies if the member was a patient of the PCP at the time of joining CPCT.	C	
4	FIRST_NAME	X12	13	24	This field contains the member’s first name.	John	
5	MIDDLE_INITIAL	X1	25	25	This field contains the member’s middle initial.	T	
6	LAST_NAME	X20	26	45	This field contains the member’s last name.	Smith	
7	DATE_OF_BIRTH	X8	46	53	This field displays the member’s date of birth.	19490113	(format = YYYYMMDD) = January 13, 1949
8	AGE	X3	54	56	This field displays the member’s age.	66	
9	SEX	X1	57	57	This field displays the member’s gender.	M	
10	SPECIAL_STATUS	X1	58	58			
11	STATUS	X1	59	59	This field defines the enrollment status of the CPCT member.	1	<ul style="list-style-type: none"> • 1=Active • 2=New • 3=Terminated
12	EFFECTIVE_DATE	X8	60	67	This field contains the first date of the member’s current eligibility.	20200101	
13	LINE_OF_BUSINESS	X3	68	70	This field represents the unique code that identifies the Business Line Structure.	MR (Medicare risk)	

CPCT Eligibility – SP_Eligibility_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
14	GROUP	X8	71	78	This field displays the member’s employer group affiliation.	12345678, PLACE	
15	PLAN_CODE	X10	79	88	This field represents the current plan to which the subscriber belongs.	SRX CMS	<ul style="list-style-type: none"> • SRX CMS = open enrollment plan with Rx benefits • STD CMS = open enrollment standard plan without Rx benefits • EG SRX = Employer group plan with Rx benefits
16	MEDICAL_GROUP	X3	89	91	<ul style="list-style-type: none"> • This field contains the CPCT numeric designation for the CPCT Medical Group with which the member on the claim is affiliated. • It is similar to the provider unit designation used for the commercial products. 	026	
17	PCP_NAME	X30	92	121	This field displays the PCP’s name.	John Smith, M.D.	
18	MEMBER_STREET_ADDRESS	X30	122	151	This field displays the member’s street address.	100 Main Street	
19	MEMBER_CITY	X30	152	181	This field displays the name of the city in which the member resides.	Boston	
20	MEMBER_STATE	X2	182	183	This field displays the name of the state in which the member resides.	MA	

CPCT Eligibility – SP_Eligibility_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
21	MEMBER_ZIP_CODE	X10	184	193	This field displays the full zip code for the member’s address.	01850-0000	
22	MEMBER_HOME_PHONE	X10	194	203	This field displays the member’s home telephone number.	5085551234	
23	TERMINATION_DATE	X8	204	211	This field displays the date of the member’s termination from the plan or the date of a member’s internal plan change.	20201231	(format = YYYYMMDD) = December 31, 2012
24	TERMINATION_REASON	X35	212	246	<ul style="list-style-type: none"> This field displays the text describing the reason for termination. Only a member who has terminated from the plan will have a reason listed. 	RELOCATED OUT OF STATE	
25	AS OF DATE	X8	247	254	This field displays the “as of” date that the data is valid.	20200101	(format = YYYYMMDD) = January 1, 2015
26	WORKING_AGED_FLAG	X1	255	255	This field indicates whether a CPCT member is working or not and, if the member has job-related insurance.	W	<ul style="list-style-type: none"> W=Working aged member 0=Non-working aged member
27	PCP_ID	X6	256	261	This field indicates the member’s PCP ID number.	803826	
28	RIDER	X6	262	267	Internal CPCT values that indicate specific information about a Subscriber’s benefits and premiums.	N = Pharmacy Part D coverage	

CPCT Eligibility – SP_Eligibility_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
29	PBP_CODE	X3	268	270	<ul style="list-style-type: none"> Plan Benefit Package Code. Refers to a specific set of medical and pharmacy benefits. 	For HMO, PBP_Code = '001' is 'HMO Prime RX Plus'.	
30	SEGMENT_ID	X3	271	273	Refers to a group of counties with the same premium amount within a Plan Benefit Package.		
31	PCP_NPI #	X10	274	283	The NPI is a single identification number that is assigned by the federal government to health care providers.	1234567890	
32	GROUP_NAME	X27	284	310	<ul style="list-style-type: none"> This field displays the member's group name. Can be Employer's name. 	CPCT or Norfolk.	

CPCT Member Month – SP_MemberMonths_###.DAT

The data set includes a snapshot of eligibility information as of the capitation check run of the month. This file is cumulative and year-to-date. This file is based at the Member level.

CPCT Member Month – SP_MemberMonth_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	MEDICAL_GROUP	X3	1	3	<ul style="list-style-type: none"> This field contains the CPCT numeric designation for the CPCT Medical Group with which the member on the claim is affiliated. It is similar to the provider unit designation used for the commercial products. 	002, 043	
2	YEAR_MONTH	X6	4	9	<ul style="list-style-type: none"> This field designates the year and month indicated. Used to count member months or for start or end date of a service period. 	201501	(format = YYYYMM) = January 2015
3	PCP_ID	X6	10	15	A numeric indicator assigned to a PCP. It is the same number as in the commercial database.	745620	
4	SUBSCRIBER_NUMBER	X9	16	24	<ul style="list-style-type: none"> This field is a unique identifier for each plan subscriber and is similar to the MEMBER_ID field in the commercial database. In CPCT, the Subscriber_number is always prefixed with an "S." 	S12345678	

CPCT Member Month – SP_MemberMonth_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
5	AGE_GENDER_GROUP	X3	25	27	All ages from 0 to 99+ are assigned buckets that designate age and sex. 001 – 100 = females age 0 to 99+, where 100 = all females over 99; 101 – 200 = males age 0 to 99+, where 200 = all males over 99.	078	<ul style="list-style-type: none"> • 078=Female age 77 • 111=Male age 10
6	COUNTY_CODE	X5	28	32	A unique identifier provided by CMS to designate official county of residence (not mailing address).	22150	<ul style="list-style-type: none"> • 07010=Hartford, CT • 07020=Litchfield, CT
7	MEM_GROUP_NUMBER	X8	33	40	This field represents the member’s employer group, if applicable.	1062	<ul style="list-style-type: none"> • 1062=DEC • 6142=UFCW Union
8	PLAN	X10	41	50	The CPCT plan to which the member has subscribed.	STD CMS = open enrollment standard plan without Rx benefits	
9	MEMBER_MONTH	X2	51	52	This field is always one (1), so that member months can be easily summed for each member over any given time period.	1	
10	RIDER	X6	53	58	Internal CPCT values that indicate specific information about a Subscriber’s benefits and premiums.	N = Pharmacy Part D coverage	

CPCT Member Month – SP_MemberMonth_###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
11	PBP_CODE	X3	59	61	Plan Benefit Package Code. Refers to a specific set of medical and pharmacy benefits.	For HMO, PBP_Code = '001' is 'HMO Prime RX Plus'.	
12	SEGMENT_ID	X3	62	64	Refers to a group of counties with the same premium amount within a Plan Benefit Package.		
13	PCP_NPI #	X10	65	74	The NPI is a single identification number that is assigned by the federal government to health care providers.	1234567890	

CPCT Pharmacy – SHRX###.DAT

The monthly data is current, includes both claims and adjustments, and is cumulative and year-to-date.

CPCT Pharmacy – SHRX###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
1	DATE_OF_FILL	X8	1	8	Date the prescription was filled at the pharmacy.	20200310	(format = YYYYMMDD) = March 10, 2015
2	PAID_DATE	X8	9	16	This is the last date of the two-week Caremark invoice cycle.	20200415	(format = YYYYMMDD) = April 15, 2015

CPCT Pharmacy – SHRX###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
3	PROVIDER_UNIT	X3	17	19	PCP Medical Group Number.	001	
4	PCP_ID	X6	20	25	ID of the member's PCP, not necessarily the doctor who writes the prescription.	123456	
5	SUBSCRIBER_ID	X14	26	39	This field is a Unique Identifier for each plan subscriber, similar to the member id on the Commercial side.	S12345678 01	There are three spaces between the subscriber number and suffix.
6	AGE_GENDER_GROUP	X3	40	42	All ages from 0 to 99+ are assigned buckets that designate age and sex. 001 – 100 = females age 0 to 99+, where 100 = all females over 99; 101 – 200 = males age 0 to 99+, where 200 = all males over 99.	078	<ul style="list-style-type: none"> • 078 = female age 77 • 111 = male age 10
7	DRUG_USC_CODE	X6	43	48	<ul style="list-style-type: none"> • Universal System Classification Code, which gives the logical usage group of the drug. • This is a proprietary Caremark coding system. 	O31400	<ul style="list-style-type: none"> • As of 1/1/2017, USC is no longer available on Pharmacy claims. • This field will be blank for dates of fill beginning after 1/1/2012.

CPCT Pharmacy – SHRX###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
8	DOCUMENT_NUMBER	X16	49	64	<ul style="list-style-type: none"> The Caremark equivalent of a claim number. Beginning with Dates of Fill on or after 1/1/2012, the document number alone will no longer be a unique claims identifier. Document number, combined with new fields, Sequence Number and Record Status Code, can be used to create a unique identifier for dates of fill beginning on 1/1/2012. 	980690944515396	Original claim lines and any reversal or adjustments can be aggregated by document number with financial and numeric fields being summed to create a unique claim line.
9	DEA_NUMBER	X10	65	74	<ul style="list-style-type: none"> Unique identifier for the physician who wrote the prescription. Provided by Caremark from proprietary database. 	BW1022817	
10	ADMIN_FEE_CHARGED	X11	75	85	The administrative fee charged per Caremark.	8	
11	AMOUNT_PAID	X11	86	96	<ul style="list-style-type: none"> Amount Pd = Ingredient Cost Paid + Dispensing Fee Paid + Sales Tax Paid Performance Free Paid – Copay Used – Stop Loss Copay Used – Front End Deductible Used After Max Amt – Cardholder Copay Differential. This is calculated by Caremark to two decimals. 	10000=100.00	<ul style="list-style-type: none"> Numeric values in financial fields will no longer require manual manipulation. Due to system enhancements, these fields will all be appropriately signed as positive and negative numbers. The text file does not include decimal points.

CPCT Pharmacy – SHRX###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
12	NDC	X12	97	108	<ul style="list-style-type: none"> National Drug Code assigned by the FDA that identifies the specific drug dispensed. Format is XXXXX0YYYYZZ where X = the manufacturer's #, 0 is a placeholder, Y = product code, and Z = package size. 	930117310	
13	DRUG_NAME	X28	109	136	Name of drug dispensed.	CLARITIN	
14	DRUG_STRENGTH	X6	137	142	Dosage per unit.	10MG	
15	PRESCRIPTION_QNTY	X6	143	148	Number of units (such as pills) dispensed.	30	
16	PRESCR_DAYS_SUPPLY	X4	149	152	Number of days supplied based on dosage.	30	Number of days that the pills should last.
17	FORMULARY_CODE	X1	153	153	<ul style="list-style-type: none"> Blank= no specified I = Drug on Formulary; non-preferred N = Drug not on Formulary P = Drug on Formulary; preferred Y = Drug on Formulary; Neutral 	I	

CPCT Pharmacy – SHRX###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
18	DAW_IND	X1	154	154	Dispense as written indicator.	0, 2	<ul style="list-style-type: none"> • " " or 0 = No DAW • 1 = Physician DAW • 2 = Patient DAW • 3 = Pharmacy DAW • 4 = No generic available • 5 = Brand dispensed as generic • 6 = Override • 7 = Substitution Not Allowed - Brand Drug Mandated by Law • 8 = Substitution Allowed - Generic Drug Not Available in Marketplace • 9 = Other
19	GENERIC_BRAND_IND	X1	155	155	<ul style="list-style-type: none"> • 1=Generic • 2=Brand name drug • 3=Generic Drug/Step Therapy Claim • 4=Branded Drug/Step Therapy Claim 	1, 2, 3, 4	
20	MS_SOURCE_IND	X1	156	156	Multiple source for the drug = '1'; any other value indicates a single source.	1, 2	

CPCT Pharmacy – SHRX###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
21	DRUG_DOSAGE_FORM	X2	157	158	This field indicates how the drug was dispensed.	10, 23, 20	
22	NEW_REFILL_IND	X2	159	160	New claims are '00'; refills are '01' through '99'.	00, 01, 02	
23	PHARMACY_NUMBER	X6	161	166	<ul style="list-style-type: none"> The alphanumeric identifier assigned to a pharmacy is also referred to as the NCPDP number. The first two positions identify the state in which the pharmacy is located, the last 4 positions identify the specific pharmacy. 	459822	
24	MEMBER_EXPENDITURE	X11	167	177	Total of co-pay used plus Stop Loss plus Front End Deductible plus After Max Amount.	10000 = 100.00	The text file does not include decimal points.
25	CLAIM_TYPE_IND	X2	178	179	<ul style="list-style-type: none"> Type of claim, for example 'AA' is an adjustment, 'DD' is a direct claim, 'RV' is a reversal, 20signifies paid claims. A Direct Claim is typically a paper claim that is submitted as a member reimbursement. 	AA, 20, RV	

CPCT Pharmacy – SHRX###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
26	STANDARD_COPAY	X11	180	190	<ul style="list-style-type: none"> The true co-pay used. This does not include Front-End Deductible, Stop-Loss, After-Max or Cardholder-Copay-Differential. 	10000 = 100.00	<ul style="list-style-type: none"> Numeric values in financial fields will no longer require manual manipulation. Due to system enhancements, these fields will all be appropriately signed as positive and negative numbers. The text file does not include decimal points.
27	BUSINESS_LINE_KEY	X4	191	194	Member’s plan as of the DATE_OF_FILL for this claim.	0036	
28	PCP_NPI	X10	195	204	The NPI is a single identification number that is assigned by the federal government to health care providers.	1234567890	
29	PHARMACY_NPI	X10	205	214	The NPI is a single identification number that is assigned by the federal government to health care providers.	1234567890	
30	PRESCRIBER_NPI	X10	215	224	The NPI is a single identification number that is assigned by the federal government to health care providers.	1234567890	
31	FILLER	X2	225	226	Space currently not in use.		

CPCT Pharmacy – SHRX###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
32	FILLER	X2	227	228	Space currently not in use.		
33	FILLER	X10	229	238	Space currently not in use.		
34	GENERIC PRODUCT INDICATOR	X14	239	252	Industry standard code assigned by Medi-Span® that identifies the generic and therapeutic class of the drug dispensed.	42101020100310	Original claim lines and any reversal or adjustments can be aggregated by document number with financial and numeric fields being summed to create a unique claim line.
35	DOCUMENT SEQUENCE NUMBER	X3	253	255	<ul style="list-style-type: none"> Identifies multiple versions of the document number. Represents paid claim lines, reversed claim lines and adjusted lines. Paid and reversed claims start with 999 and decrement. Adjusted claim lines begin with 001 and increase. 	<ul style="list-style-type: none"> Paid/Reversed:999 998 997 Adjusted: <ul style="list-style-type: none"> – 001 – 002 	Original claim lines and any reversal or adjustments can be aggregated by document number with financial and numeric fields being summed to create a unique claim line.

CPCT Pharmacy – SHRX###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
36	RECORD STATUS CODE	X1	256	256	Identifies the transaction status.	1, 2, 3, 4, 5, 6	<ul style="list-style-type: none"> • 1=paid • 2=rejected • 3=reversed • 4=adjusted • 5=capitated • 6=reverse captured
37	AMT_ALLOWED	X11	257	267	<ul style="list-style-type: none"> • In cases where in-plan providers are reimbursed on a fee schedule or other discounted basis, this amount represents the price for services established by the contract. • For out-of-plan providers, this amount will normally equal the amount billed. 	10000 = 100.00	The text file does not include decimal points.
38	ACTUAL_COST	X11	268	278	Calculated by subtracting Member_Expend from Amt_Allowed.	10000 = 100.00	The text file does not include decimal points.
39	THER_CLASS	X4	279	282	<ul style="list-style-type: none"> • The therapeutic class code is based on a combination of intended use and pharmacological information. • It is a method of grouping medications by the therapy they provide. This arrangement permits easy review of information on a group of drugs with similar activities and uses and allows specific subclasses to be identified. 	C1D	

CPCT Pharmacy – SHRX###.DAT							
Field #	Field Name	Type	Starting Field Position	Ending Field Position	Definition	Example	Notes
40	THER_CLASS_DESC	X40	283	322	Description of the therapeutic class.	POTASSIUM REPLACEMENT	
41	E_PRESCRIB_IND	X2	323	324	<ul style="list-style-type: none"> • This field denotes how a pharmacy claim was filled. • Information on the method of the Original Fill will be denoted by the values (see example). 	1, 2, 3, 4, 5, 0	<ul style="list-style-type: none"> • 1 = Written • 2 = Telephone • 3 = Electronic • 4 = Facsimile • 5 = Pharmacy • 0 = Refill
42	DISPENSE_TYPE	X2	325	326	Flag to indicate if dispensed via mail order.	Y	<ul style="list-style-type: none"> • Y = Sent via Mail Order • N = Not sent via Mail Order Second character in field is blank.

5 CPCT Code Definitions

Place of Service Codes

Code	Description
1	Pharmacy
2	Telehealth
3	School
4	Homeless Shelter
5	Indian Health Service
6	Indian Health Service (Provider-based facility)
7	Tribal 638 (Free-standing facility)
8	Tribal 638 (Provider-based facility)
9	Prison/Correctional Facility
10	Unassigned
11	Office
12	Patient's Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-in Retail Health Clinic
18	Place of Employment- Worksite
19	Outpatient Hospital – Off Campus
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital – On Campus
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birth Center

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Code	Description
26	Military Treatment Facility
27-30	Unassigned
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35-40	Unassigned
41	Ambulance - Land
42	Ambulance Air or Water
43-48	Unassigned
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Individuals with Intellectual Disabilities
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
58-59	Unassigned
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
63-64	Unassigned
65	End Stage Renal Disease Treatment Facility
66-70	Unassigned
71	Public Health Clinic
72	Rural Health Clinic

Code	Description
73-80	Unassigned
81	Independent Laboratory
82-98	Unassigned
99	Other Place of Service

CPCT Rider, PBP_Code, Segment_ID Mapping Table

The Group, Plan_Code, PBP_CODE, and SEGMENT_ID fields can be used to identify the Subscriber’s specific CPCT plan. PBP Codes in the 800 and 900 series reflect Employer Group Plans. Refer to the *Mapping Table* below for specific plan information:

Group	Plan Name	Plan Code	PBP_Code
LITCH	CareAdvantage Preferred (HMO)	STD CT001	001
HARTF	CareAdvantage Preferred (HMO)	STD CT001	001
TOLLA	CareAdvantage Preferred (HMO)	STD CT001	001
NEWHA	CareAdvantage Preferred (HMO)	STD CT001	001
WINDH	CareAdvantage Preferred (HMO)	STD CT001	001
NEWLO	CareAdvantage Preferred (HMO)	STD CT001	001
LITCH	CareAdvantage Prime (HMO)	STD CT002	002
HARTF	CareAdvantage Prime (HMO)	STD CT002	002
TOLLA	CareAdvantage Prime (HMO)	STD CT002	002
NEWHA	CareAdvantage Prime (HMO)	STD CT002	002
WINDH	CareAdvantage Prime (HMO)	STD CT002	002
NEWLO	CareAdvantage Prime (HMO)	STD CT002	002
LITCH	CareAdvantage Premier (HMO)	STD CT003	003
HARTF	CareAdvantage Premier (HMO)	STD CT003	003
TOLLA	CareAdvantage Premier (HMO)	STD CT003	003
NEWHA	CareAdvantage Premier (HMO)	STD CT003	003
WINDH	CareAdvantage Premier (HMO)	STD CT003	003
NEWLO	CareAdvantage Premier (HMO)	STD CT003	003

Disposition Codes/Discharge Status

Code	Description
01	Discharged to home or self-care
02	Discharged/transferred to short-term general hospital for inpatient care
03	<ul style="list-style-type: none"> Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care Do not use for transfers to a non-Medicare certified area. For Swing Beds see Code 61 below
04	Discharged/transferred to an Intermediate Care Facility, e.g., non-certified SNF beds, State designated Assisted Living Facilities
05	Discharged/transferred to a Designated Cancer Center or Children's Hospital
06	<ul style="list-style-type: none"> Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care Discharged/transferred to home with written plan of care, foster care facility with home care and under home health agency with durable medical equipment (DME)
07	<ul style="list-style-type: none"> Left against medical advice or discontinued care Patients who leave before triage or seen by physician
08	Reserved for National Assignment
09	Admitted as an inpatient to this hospital-only use on Medicare OP claims when services begin when those Medicare OP services are greater than three days prior to an admission
20	Expired -used only when the patient dies
21	<ul style="list-style-type: none"> Discharges or transfers to court/law enforcement; includes transfers to incarceration facilities such as jail, prison or other detention facilities Effective 10/1/09
22-29	Reserved for National Assignment
30	<ul style="list-style-type: none"> Still a patient or expected to return for outpatient services-used when billing for LOA days or interim bills Can be used for both IP and OP claims; for IP claims, the claim needs to be greater than 60 days
31-39	Reserved for National Assignment
40	Expired at home (Hospice claims only) used only on Medicare and TRICARE claims for hospice care
41	Expired in a medical facility (hospital, SNF, Intermediate Care Facility, or free-standing hospice) for hospice use only
42	Expired - place unknown -this is used only on Medicare and TRICARE claims for Hospice only

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Code	Description
43	Discharged/transferred to a Federal hospital Dept of Defense hospitals, VA hospitals, VA Psych unit or VA nursing facilities
44-49	Reserved for National Assignment
50	Discharged/transferred to Hospice (home)-or alternative setting that is the patient's home such as nursing facility, and will receive in-home hospice services
51	<ul style="list-style-type: none"> Discharged/transferred to Hospice medical facility - patient went to IP facility that is qualified and the patient is to receive the general IP hospice level of care or hospice respite care Used also if the patient is discharged from an IP acute care hospital to remain in hospital under hospice care
52-60	Reserved for National Assignment
61	<ul style="list-style-type: none"> Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed This is also used when discharged from an acute care hospital to a Critical Access Hospital (CAH) swing bed
62	Discharged/transferred to an Inpatient Rehabilitation Facility including Distinct Part Units of a Hospital
63	Discharged/transferred to Long Term Care Hospitals
64	<ul style="list-style-type: none"> Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare If the facility has some Medicare certified beds, use patient status code 03 or 04 depending on the level of care the patient is receiving and if they are placed in a Medicare certified bed or not
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
66	Discharged/transferred to a CAH
67-68	Reserved for National Assignment
69	Discharged/transferred to a designated disaster alternative care site
70	Discharged/transferred to another type of health care institution not defined elsewhere in the code list
81	Discharged to home or self-care with a planned acute care hospital inpatient readmission
82	Discharged/transferred to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83	Discharged/transferred to a SNF with Medicare certification with a planned acute care hospital inpatient readmission

Code	Description
84	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission
85	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
87	Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission
88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
89	Discharged/transferred to a hospital-based Medicare-approved swing bed with a planned acute care hospital inpatient readmission
90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
91	Discharged/transferred to a Medicare certified long-term care hospital (LTCH) with a planned acute care hospital inpatient readmission
92	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission
93	Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
94	Discharged/transferred to a CAH with a planned acute care hospital inpatient readmission
95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission

Bill Type Codes

First Digit

Code	Description
0	Leading zero, ignored by CMS and MCMS

Second Digit: Type of Facility

NOTE: CMS processes this as the first digit).

Code	Description
1	Hospital
2	SNF
3	Home Health
4	Religious Nonmedical (Hospital)
5	Religious Nonmedical (Extended Care) discontinued 10/1/05
6	Intermediate Care
7	Clinic or Hospital-based ESRD facility (requires Special second digit)
8	Special facility or hospital (CAH) (ASC) surgery (requires special second digit)
9	Reserved for National Assignment

Third Digit (Except Clinics & Special Facilities) - Bill Classification

NOTE: CMS processes this as the second digit.

Code	Description
1	Inpatient Part A
2	Inpatient Part B (includes Part B plan of treatment)
3	Outpatient (includes Part B plan of treatment)
4	Other (Part B) (includes HHA medical and other health services not under a plan of treatment, hospital and SNF for diagnostic clinical laboratory services for "non-patients" and referenced diagnostic services)
5	Intermediate Care - Level I
6	Intermediate Care - Level II
7	Subacute Inpatient (Revenue Code 019X required) 17X, 27X discontinued 10/1/05

Code	Description
8	Swing Beds
9	Reserved for National Assignment

Third Digit - Bill Classification (Clinics Only)

NOTE: CMS processes this as the second digit.

Code	Description
1	Rural Health Center (RHC)
2	Hospital based or Independent Renal Dialysis Center
3	Free Standing Provider-Based Federally Qualified Health Center (FQHC)
4	Other Rehabilitation Facility (ORF)
5	Comprehensive Outpatient Rehabilitation Facility (CORF)
6	Community Mental Health Center (CMHC)
7	FQHC
8	Licensed Freestanding Emergency Medical Facility
9	Other

Third Digit - Bill Classification (Special Facilities Only)

NOTE: CMS processes this as the second digit.

Code	Description
1	Hospice (non-hospital based)
2	Hospice (hospital based)
3	Ambulatory Surgical Center to Hospital Outpatients
4	Free Standing Birthing Center
5	CAH
6	Residential Facility
7-8	Reserved for National Assignment
9	Other

Fourth Digit Frequency- Definition

NOTE: CMS processes this as the third digit.

Digit	Action	Details
A	Admission/Election Notice for Hospice	Used when the hospice or Religious Non-medical Health Care Institution is submitting Form CMS-1450 as an Admission Notice.
B	Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Termination/Revocation Notice	<ul style="list-style-type: none"> Used when the Form CMS-1450 is used as a notice of termination/revocation for a previously posted. Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution election.
C	Hospice Change of Provider Notice	Used when Form CMS-1450 is used as a Notice of Change to the hospice provider.
D	Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Void/Cancel	Used when Form CMS-1450 is used as a Notice of a Void/Cancel of Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution election.
E	Hospice Change of Ownership	Used when Form CMS-1450 is used as a Notice of Change in Ownership for the hospice.
F	Beneficiary Initiated Adjustment Claim	Used to identify adjustments initiated by the beneficiary. For FI use only.
G	CWF Initiated Adjustment Claim	Used to identify adjustments initiated by CWF.
H	CMS Initiated Adjustment Claim	Used to identify adjustments initiated by CM
I	FI Adjustment Claim (Other than QIO or Provider)	Used to identify adjustments initiated by the FI.
J	Initiated Adjustment Claim-Other	Used to identify adjustments initiated by other entities.
K	OIG Initiated Adjustment Claim	Used to identify adjustments initiated by OIG
M	MSP Initiated Adjustment Claim	Used to identify adjustments initiated by MSP
P	QIO Adjustment Claim	Used to identify adjustments initiated as a result of a QIO review
0	Non-payment/Zero Claim	<ul style="list-style-type: none"> Provider uses this code when it does not anticipate payment from the payer for the bill, but is informing the payer about a period of non- payable confinement or termination of care. The "Through" date of this bill (FL 6) is the discharge date for this confinement, or termination of the plan of care

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Digit	Action	Details
1	Admit Through Discharge	The provider uses this code for a bill encompassing an entire inpatient confinement or course of outpatient treatment for which it expects payment from the payer, or which will update deductible for inpatient or Part B claims when Medicare is secondary to an EGHP.
2	Interim – First Claim	Used for the first of an expected series of bills for which utilization is chargeable or which will update inpatient deductible for the same confinement or course of treatment. For HHAs, used for the submission of original or replacement RAPs.
3	Interim- Continuing Claim	Use this code when a bill for which utilization is chargeable for the same confinement or course of treatment had already been submitted and further bills are expected to be submitted later.
4	Interim – Last Claim	This code is used for a bill for which utilization is chargeable, and which is the last of a series for this confinement or course of treatment.
5	Late Charge Only	When the provider submits late charges on bills to the FI as bill type XX5, these bills contain only additional charges.
7	Replacement of Prior Claim	This is used to correct a previously submitted bill. The provider applies this code to the corrected or "new" bill.
8	Void/Cancel of Prior Claim	The provider uses this code to indicate this bill is an exact duplicate of an incorrect bill previously submitted. A code "7" (Replacement of Prior Claim) is being submitted showing corrected information.
9	Final claim for a Home Health PPS Episode	

6 Sending Files to CarePartners of Connecticut

Providers can send files to CPCT from their EDD mailbox. Follow the steps below to send the files.

Sending Files to CPCT	
Step	Task
1.	In the EDD Mailbox there are two folders, IN and OUT. To send files to CPCT, access the IN folder.
2.	To locate the file you want to send, select Browse .
3.	After selecting the file, select Upload . When the file is uploaded, the name, size, and date automatically populate.

Technical Support

If you have problems sending or uploading files into the EDD service, contact EDD Operations at:

888-880-8699, ext. 54649 (Monday – Friday 8:00 a.m. to 5:00 p.m. EST)
EDI_CT_Operations@carepartnersct.com

7 Designated User Form

Designated User Form (one user/form)

After receiving this form, CPCT will forward the *Terms of Use Agreement* to the designated user(s). After receiving this agreement, CPCT will contact the designated user with a login ID and password.

Email your completed *Designated User Form* to your Contract Specialist, or mail to the following address:

CPCT
Attention: Network Contracting and Performance Management
Point32Health
1 Wellness Way
Canton, MA 02021

Name of Provider Organization:	CPCT Provider Organization IPA:
--------------------------------	---------------------------------

Please check one: New user Change user

If changing user, please specify name of person leaving: _____

Designee Name: _____

Company: _____

Street Address: _____

City, State, ZIP: _____

Telephone: _____

Fax: _____

Email (**REQUIRED**): _____

Provider Organization Officer

Print Name

Print Title

Signature

Date

Name of Provider Organization

8 Terms of Use Agreement

Terms of Use Agreement

Please read this Terms of Use Agreement (“Agreement”) carefully. You **must** agree to these Terms of Use to use the Electronic Data Download System (“EDD System”). If you do not agree with these Terms of Use, you will not be issued a login ID and password, and you will not be given access to the EDD System.

Instructions for Completing the Terms of Use Form:

- Please complete and sign the *Terms of Use Form*.
- Please email your completed form to your Contract Specialist, or mail your form to the following address:

CPCT

Attention: Network Contracting and Performance Management

Point32Health

1 Wellness Way

Canton, MA 02021

1. Introduction: CPCT and Affiliates (collectively “CPCT”) is making the EDD System available to you as an authorized representative (“User” or “You”) of a contracted Provider Organization who has rendered services to CPCT members (“Provider Organization”). In using the EDD System, you may be given access to certain confidential or individually identifiable protected health information (hereinafter “Protected Health Information”). In exchange for such access, you agree to take certain precautions, comply with certain practices, and implement certain procedures required by applicable laws and regulations and by CPCT for the purposes of guarding data integrity and security and safeguarding the confidentiality of Protected Health Information, all as more specifically described below.

2. User’s Responsibilities and Obligations:

2.1 You agree to use Protected Health Information for the sole purpose of analyzing the Provider Organization’s performance, consistent with applicable laws and regulations.

2.2 You agree to not use or further disclose Protected Health Information other than as permitted or required by this Agreement. You agree to use appropriate safeguards to prevent any use or disclosure of Protected Health Information that is not permitted under applicable laws or regulations.

2.3 You agree not to use or further disclose Protected Health Information in a manner that, if undertaken by CPCT, would violate the requirements of the HIPAA Privacy Regulations.

2.4 You certify that you are an authorized representative of the contracted Provider Organization listed below. You represent that you have the right to access information about our members as the authorized representative of Provider Organization. You agree to use the

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EDD System in a manner consistent with this Agreement. You further agree that you will comply with all applicable laws and regulations and that you will maintain the confidentiality of any information you access through the EDD System. You agree that you will protect the integrity, confidentiality and security of all electronically transmitted or electronically maintained Protected Health Information exchanged through the EDD System as required by any applicable laws or regulations.

2.5 Your password and login ID are intended to protect your privacy and the Protected Health Information of CPCT members. You are responsible for keeping your password and login ID confidential and should not disclose your password or login ID to others. You agree that you will be solely responsible for all activity or transactions that are tracked to your password and login ID.

2.6 You acknowledge that you are acting as an independent contractor, and you are not an agent of CPCT and have no authority to represent CPCT as to any matters.

3. Termination: CPCT may terminate these Terms of Use, any rights granted to you hereunder and your access to the EDD System at any time:

- (a) With cause, without notice and without penalty, or
- (b) Without cause, upon seven days prior notice and without penalty

4. Governing Law: The laws of the State of Connecticut shall govern this Terms of Use Agreement. You agree to submit to the exclusive jurisdiction of the courts in the State of Connecticut and waive any jurisdictional venue or inconvenient forum objections to such court.

I have read, understand, and accept these Terms of Use.

Name of Provider Organization
Print Name
Print Title
Signature
Date



1 Wellness Way
Canton, MA 02021